To authorize the Secretary of Health and Human Services to award grants to eligible entities for creating or enhancing capacity to treat patients with Long COVID through a multidisciplinary approach.

IN THE HOUSE OF REPRESENTATIVES

Ms. PRESSLEY introduced the following bill; which was referred to the Committee on

A BILL

To authorize the Secretary of Health and Human Services to award grants to eligible entities for creating or enhancing capacity to treat patients with Long COVID through a multidisciplinary approach.

1 Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the “Targeting Resources for Equitable Access to Treatment for Long COVID Act” or the “TREAT Long COVID Act”.

5
SEC. 2. GRANT PROGRAM TO SUPPORT MULTIDISCIPLINARY LONG COVID CLINICS.

(a) Establishment of Program.—The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall award grants on a competitive basis to eligible entities for the purpose of creating or enhancing capacity to treat patients with Long COVID (also referred to as Post-Acute Sequelae of COVID–19 and post-COVID conditions) and its associated conditions through a multidisciplinary approach.

(b) Use of Funds.—An eligible entity receiving a grant under this section shall use the grant, for the purpose described in subsection (a), to—

(1) enhance the capacity of one or more existing multidisciplinary Long COVID clinics to serve the Long COVID population; or

(2) create one or more multidisciplinary clinics to address the physical and mental health needs of Long COVID patients.

(c) Eligible Entities.—To be eligible to receive a grant under this section, an entity shall be a health care provider, Federally qualified health center (as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa))), rural health clinic, urban Indian health center, or State or local public health department, that—
(1)(A) operates an existing multidisciplinary Long COVID clinic or other specialized Long COVID program; or

(B) demonstrates an intent to create a multidisciplinary Long COVID clinic or other specialized Long COVID program; and

(2) submits to the Secretary an application at such time, in such manner, and containing such information and assurances as the Secretary may require.

(d) EQUITABLE ACCESS.—In order to ensure equitable access treatment—

(1) no grantee under this section shall deny access to treatment with respect to Long COVID based on insurance coverage, date or method of diagnosis, preexisting conditions, or previous hospitalization;

(2) a grantee under this section shall with respect to Long COVID—

(A) offer equity-centered resources, information, and training to safety net health systems; and

(B) disseminate best practices and treatment approaches that enhance access to high-quality care to everyone where they live; and
(3) treatment for Long COVID shall be included as a COVID–19 treatment, consistent with the American Rescue Plan Act of 2021 (Public Law 117–2).

(e) Grant Amount.—The amount of a grant awarded under this section shall not exceed $2,000,000.

(f) Grant Period.—The period of a grant under this section shall be up to three years, with an opportunity for renewal.

(g) Priority.—In awarding grants under subsection (a), the Secretary shall give priority to eligible entities that—

(1) submit a plan to engage with Long COVID patient organizations, medically underserved communities, and populations disproportionately impacted by COVID–19, in a degree sufficient to advance health care equity in Long COVID treatment and outcomes;

(2) demonstrate capacity (or an intent to build capacity) to facilitate patient access to multidisciplinary health care providers with expertise in treating Long COVID and its associated conditions, as well as other infection-associated chronic conditions, including such providers who are primary and specialty care physicians capable of comprehensive, sys-
temic care, such as psychiatrists, neurologists, cardiologists, immunologists, pulmonologists, therapists, nurses, care coordinators, social workers, nutritionists, and behavioral health specialists; and

(3) submit a plan to ensure ongoing multidisciplinary continuing education on infection-triggered conditions for—

(A) physicians treating Long COVID and its associated conditions; and

(B) other physicians and health care workers who are not treating Long COVID, but are otherwise serving patients in the community.

(h) REPORTS.—

(1) ANNUAL REPORTS BY GRANTEES TO SECRETARY.—On an annual basis, a recipient of a grant under this section shall—

(A) submit to the Secretary, and make publicly available, a report on the activities carried out through the grant; and

(B) include quantitative and qualitative evaluations of such activities, including the experience of individuals who received health care through such grant.

(2) ANNUAL REPORTS BY SECRETARY TO CONGRESS.—Not later than the end of each of fiscal
years 2023 through 2025, the Secretary shall submit
to the Congress, and make publicly available, a re-
port that—

(A) summarizes the reports received under
paragraph (1);

(B) evaluates the effectiveness of grants
under this section; and

(C) makes recommendations with respect
to expanding coverage for clinical care for Long
COVID and its associated conditions.

(i) AUTHORIZATION OF APPROPRIATIONS.—To carry
out this section, there are authorized to be appropriated
such sums as may be necessary for each of fiscal years
2024 through 2026.